

## **HAWAII STATE ETHICS COMMISSION** 1001 BISHOP STREET, ASB TOWER 970

P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org



RECEIVED

'05 JAN 24 A10:37

STATE OF MARAIL STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)					
PART I LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
Santiago	Alexander	C	808-383-9032		
MAILING ADDRESS (Street)			FAX		
84-424 IK	more Pl				
(City)	(State)	(Zip Code)			
Waianae	Hi	96792			
EMPLOYING ORGANIZATION (Fill in	only if you are employed by a business entity	which has been retained to lobby)	TELEPHONE		
MAILING ADDRESS (Street)			FAX		
(City)	(State)	(Zip	Code)		

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Hawaii Psychological Association	808-521-8995
MAILING ADDRESS (Street)	FAX
1188 Bishop St # 912	808-5-21-8994
(City) (State)	(Zip Code)
Honolulu HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Carol Parker	808 521-8995
MAILING ADDRESS (Street)	FAX
Hawaii Psychological MSSOCIATION	
Hawaii Psychological Association 1188 Bishop St #912	
(City) (State)	(Zip Code)
Honoly by	96813

PART III	DESCRIPTION OF SI	<u>UBJECTS UPON WHICH Y</u>	OU EXPECT TO LOBBY	
Agr	riculture	Education	Human Services	Science, Technology & Economic Development
	ommunications & blic Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
	onsumer Protection & ommerce	Hawaiian Affairs	Labor & Employment	Transportation
	ulture, Arts, Historic eservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
	ology, Energy vironmental Protection	Housing	Public Safety & Corrections	

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.			
Silvande Clarkingo (Signature of Lobbyist)	1/10/05		
(Signature of Lobbyist)	(Date)		
PART V AUTHORIZATION TO LOBBY			
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Carol Parker	Executive Director		
NAME OF ORGANIZATION (if applicable)	TELEPHONE		
Hawaii Psychological H	350ciadum 808-521-8995		
MAILING ADDRESS (Street)	FAX		
1188 Bishopst #912	808-521-8994		
(City) (State)	(Zip Code)		
Horolula IT	96813		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
Coul Parker	Jan 14, 2005		
(Signature of Authorizing Officer or Person Represe	nted) (Date)		

PART IV

**CERTIFICATION OF LOBBYIST**